

Iowa Department of Human Services

**AUTHORIZATION TO TAKE AND USE
PHOTOGRAPHS OF MINOR OR WARD**

I (We) hereby voluntarily grant _____

(photographer)
permission to take and use photographs of _____

(minor or ward)
for the **specific** purpose of _____
_____.

I (We) understand that the photographs will be used solely for this purpose.

I (We) understand that the photographs will be used without compensation and will become the property of the Iowa Department of Human Services.

I (We) agree to hold the Iowa Department of Human Services and any employee of the Department harmless for any liability occasioned by the inclusion of _____
_____ in the photographs.

Signature			
Relationship			Date
Address	City	State	Zip Code
Photographer			Date
Employer			Date